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FACSIMILE COVER PAGE

To: Examiner Carolyn M. Bleck – UNITED STATES PATENT AND TRADEMARK OFFICE
ART UNIT 3626

Fax No.: (703) 872-9306

No. of Pages: 19 (incl. this page)

From: Michael J. Frodsham

Date: April 1, 2005

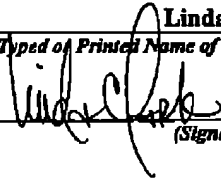
File No./Subject: **RESPONSE TO RESTRICTION REQUIREMENT**
United States Patent Application
Serial No.: 09/756,077
Filing Date: January 8, 2001
Title: **PAYMENT OF HEALTH CARE INSURANCE CLAIMS USING SHORT
TERM LOANS**
Applicants: Wayne A. Provost
Our File: 14689.10

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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 14689.10
Applicant(s): Wayne A. Provost			
Application No. 09/756,077	Filing Date January 8, 2001	Examiner Carolyn M. Bleck	Group Art Unit 3626
Invention: PAYMENT OF HEALTH CARE INSURANCE CLAIMS USING SHORT-TERM LOANS			
<p>I hereby certify that this <u>Response to Restriction Requirement</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(703) 872-9306</u>)</p> <p>on <u>April 1, 2005</u> (Date)</p> <p><u>Linda Clark</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u></u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 14689.10									
Applicant(s): Wayne A. Provost														
Application No. 09/756,077	Filing Date January 8, 2001	Examiner Carolyn M. Bleck	Customer No. 022913	Group Art Unit 3626	Confirmation No. 6455									
Invention: PAYMENT OF HEALTH CARE INSURANCE CLAIMS USING SHORT-TERM LOANS														
<u>COMMISSIONER FOR PATENTS:</u>														
Transmitted herewith is an amendment in the above-identified application.														
The fee has been calculated and is transmitted as shown below.														
CLAIMS AS AMENDED														
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE									
TOTAL CLAIMS	39 -	39 =	0	x \$50.00	\$0.00									
INDEP. CLAIMS	5 -	5 =	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.														
 _____ Signature			Dated: April 1, 2005											
Michael J. Frodsham Attorney for Applicant Reg. No. 48,699 Customer No. 022913 Telephone No. (801) 533-9800			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		_____ Signature of Person Mailing Correspondence		_____ Typed or Printed Name of Person Mailing Correspondence	
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(Date)														
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cc:														

P11LARGE/REV09

VIA FACSIMILE (703) 872-9306

PATENT APPLICATION

Docket No. 14689.10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
)
	Wayne A. Provost)
)
Serial No.:	09/756,077) Art Unit
) 3626
Filed:	January 8, 2001)
)
Conf. No.:	6455)
)
For:	PAYMENT OF HEALTH CARE INSURANCE)
	CLAIMS USING SHORT-TERM LOANS)
)
Examiner:	Carolyn M. Bleck)
)
Customer No.:	022913)

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action of March 30, 2005 (paper no./Mail Date 03212005), please entering the following.

Amendments to the Claims - begin on page 2 of this paper.

Remarks/Arguments - begin on page 15 of this paper.